

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18095**
Registrar's No. **285**

FILED JUN 10 1943
Registration District No. **582**

Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 East F St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 years** (Specify whether years, months or days)
In this community **45 years**

3. (a) PRINT FULL NAME **Pearl Connor**
3. (b) If veteran, * * * name war
3. (c) Social Security No. **500-09-0440**

4. Sex **Male**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Leona**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **March 24, 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **1** Days **22**
If less than one day: hr. min.

9. Birthplace **Polk County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

12. Name **Thomas D. Connor**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Carroll**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mimi Hobbs**

(b) Address **Joplin, Mo.**

17. (a) Burial (b) Date thereof **5-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin, Mo.**

19. (a) **5-22-43** (b) **Arthur J. Scholter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **1401 East F St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May**, day **16**, year **1943**, hour **7**, minute **15** AM.

21. I hereby certify that I attended the deceased from **19** that I last saw him **did not see him alive** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Arthur J. Scholter** (M. D. or other)
Address **Carthage, Mo.** Date signed **May 17**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

43-5-470

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Perry E. Hurlbert

Licensed Embalmer No.....

95-9

P. O. Address.....

Japanico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.